

CAND Pay.gov Application for Refund (rev. 10/19)

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**APPLICATION FOR REFUND (USDC-CAND PAY.GOV)**PAY.GOV TRANSACTION DETAILS**IMPORTANT:**

- Complete all required fields (shown in red*); otherwise, your request may be denied and require resubmission.
- In fields 3-6, enter the information for the **incorrect** transaction (the one for which you are requesting a refund), not the **correct** transaction that appears on the docket. This information can be found in the Pay.gov screen receipt or confirmation email.

1. Your Name: * John Dan Smith, III	7. Your Phone Number: (312) 754-9602
2. Your Email Address: * smith@ls3ip.com	8. Full Case Number (if applicable): 3:21-cv-07559
<input checked="" type="checkbox"/> Receipt Number: * ACANDC17119590	9. Fee Type: * <input type="checkbox"/> Attorney Admission <input type="checkbox"/> Civil Case Filing <input type="checkbox"/> FTR Audio Recording <input type="checkbox"/> Notice of Appeal <input checked="" type="checkbox"/> Pro Hac Vice <input type="checkbox"/> Writ of Habeas Corpus
4. Transaction Date: * 04/26/2022	
5. Transaction Time: * 12:23 pm	
6. Transaction Amount (Amount to be refunded):* \$ 317.00	
10. Reason for Refund Request: * Explain in detail what happened to cause duplicate charges or no fee required. ▪ For a duplicate charge, provide the correct receipt number in this field. ▪ If you paid a filing fee in an abandoned case number, note that case number here (but e-file the refund request in the open case).	
Duplicate charge: Receipt No. ACANDC17119590	

- ✓ **Efile this form using OTHER FILINGS → OTHER DOCUMENTS → APPLICATION FOR REFUND.**

View detailed instructions at: cand.uscourts.gov/ecf/payments. For assistance, contact the ECF Help Desk at 1-866-638-7829 or ecfhelpdesk@cand.uscourts.gov Monday -Friday 9:00 a.m.-4:00 p.m.

FOR U.S. DISTRICT COURT USE ONLY	
Refund request:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Denied — Resubmit amended application (see reason for denial)
Approval/denial date:	Request approved/denied by: <i>Ana Banares</i> <small>Digital signature by Ana Banares Date: 2022.05.04 17:44:08 -07'00'</small>
Pay.gov refund tracking ID refunded:	Agency refund tracking ID number: 0971-
Date refund processed:	Refund processed by:
Reason for denial (if applicable):	Please state the incorrect receipt number in #3. Please explain in detail what happened that cause the duplicate charge and provide the correct receipt number in #10
Referred for OSC date (if applicable):	